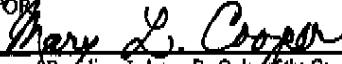


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./DIV. CODE 0312	2. PERSON REPRESENTED HILLIARD C. SMITH		VOUCHER NUMBER				
3. MAG. DKT./DEF. NUMBER CR05-689-02(MLC)		4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) USA v. AIKENS et al		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list up to five major offenses charged, according to severity of offense. 21:846 CONSPIRACY TO POSSESS W/INTENT TO DISTRIBUTE COCAINE 21:841(a)(1) & 841(b)(1)(A) and 18:2 POSSESS W/INTENT TO DISTRIBUTE COCAINE							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix). AND MAILING ADDRESS CATHERINE M. BROWN 60 WASHINGTON STREET PO BOX 9058 MORRISTOWN, NJ 07963-9058			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel				
Telephone _____ (973) 984-9300			Prior Attorney's Appointment <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. OR  Signature of Presiding Judge or By Order of the Court				
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per			September 29, 2008 November 16, 2005 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO				
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea						
	b. Bail and Detention Hearings						
	c. Motion Hearings						
	d. Trial						
	e. Sentencing Hearings						
	f. Revocation Hearings						
	g. Appeals Court						
	h. Other (Specify on additional sheets)						
(RATE PER HOUR = \$) TOTALS:							
Out of Court	a. Interviews and Conferences						
	b. Obtaining and reviewing records						
	c. Legal research and brief writing						
	d. Travel time						
	e. Investigative and other work (Specify on additional sheets)						
(RATE PER HOUR = \$) TOTALS:							
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)						
18.	Other Expenses (other than expert, transcripts, etc.)						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION		
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____			<input type="checkbox"/> Supplemental Payment				
Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.							
Signature of Attorney _____			Date _____				
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.			
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE			
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved In excess of the statutory threshold amount.			DATE	34a. JUDGE CODE			